



## Weatherization Supplemental Application

Return application to:

WisWap Bldg ID # \_\_\_\_\_

Job # \_\_\_\_\_

*Please print using blue or black ink*

1. Name (first, middle, last)		Birth Date		*Social Security #
2. Street # or Fire #	Street Name or Rural Route		Box or Apt #	Telephone #
3. City/State/Zip + 4				County
4. Contact Name				Telephone #
5. Please print directions to your home:				
6. <input type="checkbox"/> Yes Do you own your home? <input type="checkbox"/> No <u>If yes</u> , provide copies of documents that verify your ownership (such as a tax bill) and list documents provided.				
7. <input type="checkbox"/> Yes Is this a mobile home? <input type="checkbox"/> No <u>If yes</u> , attach mobile home title.				
8. <input type="checkbox"/> Yes Does this property receive HUD funding? <input type="checkbox"/> No <input type="checkbox"/> Unknown			Indicate the age of the unit in which you live: <input type="checkbox"/> Pre-1940 <input type="checkbox"/> 1940-1959 <input type="checkbox"/> 1960-1977 <input type="checkbox"/> After 1977	
9. <input type="checkbox"/> Yes Have you ever applied for energy/fuel assistance in the past? <input type="checkbox"/> No <u>If yes</u> , list the Social Security number of applicant _____				
10. Number of elderly and handicapped in the household: _____ Elderly _____ Handicapped				
11. If you rent, please provide information about your landlord: Name _____ Street Address _____ City/State/ZIP + 4 _____ Telephone # _____ Monthly rent paid \$ _____				
12. If you live in a building that has more than one unit (duplex, apartment building, etc.), please indicate how many units are in the building: _____				
13. Who receives the heating bill? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord <input type="checkbox"/> Other _____				
14. Who is your <u>primary heating fuel supplier</u> ? Name _____ Street Address _____ City/State/ZIP + 4 _____ Heating fuel type _____ Account # _____				
15. Who is your <u>electric supplier</u> ? Name _____ Account # _____				
16. What is your <u>water heater fuel type</u> ? <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other _____				

\* Collection of your Social Security number is not prohibited by federal law and is a required data element for tracking applicant benefits granted by this program. Failure to provide this information will result in delayed processing of your application and inability to determine benefit amounts.

*Read each item in the section before signing this application.  
If you do not understand any item, ask the worker for assistance.*

I am authorizing the agency to provide weatherization services to the dwelling unit at the address shown in items 2 and 3 on page 1 of this application form. If I am not the owner of the dwelling unit, I authorize the agency to contact my landlord, and I will cooperate with the agency providing weatherization services.

I authorize my fuel supplier(s) and electrical utility company to release account information to the agency.

I authorize coordination between the fuel supplier(s) and the agency to provide maximum benefits to my household.

I certify, under penalty of perjury, that the information on this application and given in connection with it is a true and complete statement of facts according to my best knowledge and belief. I further certify that I have read and understand the statements on this application and agree to them. I also understand that I may be asked to provide proof of any information given on this application, and that giving false information may subject me to prosecution for fraud.

Applicant's Signature \_\_\_\_\_ Date (mm/dd/ccyy) \_\_\_\_\_

*This section is to be completed by the agency*

17. ☐ Yes ☐ No Ownership of dwelling unit verified? Type of documentation \_\_\_\_\_

Note: You must include documentation of ownership in client file.

18. ☐ Yes ☐ No Eligible? If no, denial reason \_\_\_\_\_

Documentation:

☐ Yes ☐ No LIHEAP Certification Date (mm/dd/ccyy) \_\_\_\_\_

☐ Yes ☐ No ESP Application (DOA-9549) Date (mm/dd/ccyy) \_\_\_\_\_

19. ☐ Yes ☐ No Multi-family dwelling?

Note: If "Yes", you must include a cross-reference in the client file to other units in the building.

20. ☐ Yes ☐ No Recertification?

21. ☐ Yes ☐ No Previously weatherized? Date (mm/dd/ccyy) \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date received (mm/dd/ccyy) \_\_\_\_\_